

PTO/SB/16 (
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PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53(c).

INVENTOR(S)					731	
Given Name (first and middle [if any]) Family Name or S		•	Residence (City and either State or Foreign Country)			-
Rolf Holger	Wolters		Honolulu, HI			
			:			
Additional inventors are bei	ing named on the sepa	rately number	red sheets attached h	nereto		
						
TITLE OF THE INVENTION (280 characters max) Mosaic Filter Multi-spectral Imaging						
Direct all correspondence to:	CORRESP	ONDENCE A	DDRESS			
Customer Number				1	r Code Label here	
OR 7	Type Customer Number her	e			Code Educi Nere	
Firm or Individual Name	STI Industries®					
Address	Grosvenor Center, M	akai Tower				
Address	733 Bishop St., 31st I	loor				
City	Honolulu	State	Hawaii	ZIP	96813	
Country	USA	Telephone	(808) 540-4700	Fax	(808) 540-4850	
	ENCLOSED APPLICA	TION PARTS	(check all that apply	v)		
Specification Number of P	·		CD(s), Number			
Drawing(s) Number of She	eets	Γ	Other (specify)			
Application Data Sheet. See	e 37 CFR 1.76	L		L.		
METHOD OF PAYMENT OF FILI	ING FEES FOR THIS PRO	VISIONAL AP	PLICATION FOR PA	TENT		
- · ·	ntity status. See 37 CFR 1.2				FILING FEE AMOUNT (\$)	
	is enclosed to cover the filing	9			ΑΜΟΘΙΑΤ (ψ)	
	reby authorized to charge file yment to Deposit Account N				75	
Payment by credit card. F	Form PTO-2038 is attached					
The invention was made by an ag United States Government.	gency of the United States (Government o	r under a contract wit	th an age	ency of the	
X No						
Yes, the name of the U.S. Government agency and the Government contract number are						
					10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Respectfully submitted,	11/11/11/11		Date 3/8/	/01 <i>/</i>		
SIGNATURE .	Dolf Makers		REGISTE		NO.	
TYPED or PRINTED NAME ROIf Wolters (if appropriate) Docket Number:						
ELEPHONE (808) 540-4728						

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

机装字

PTO/SB/17 (11-00)
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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL	AMOUNT	OF PAYMENT	

(\$) 75.00

Complete if Known		
Application Number		
Filing Date		
First Named Inventor		
Examiner Name		
Group Art Unit		
Attorney Docket No.		

METHOD OF PAYMENT	FEE CALCULATION (continued)			
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES			
indicated fees and credit any overpayments to Deposit	Large Small			
Account	Entity Entity Fee Fee Fee Fee Pescription	Fee Paid		
Number Deposit	Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	Tee Paid		
Account	105 130 205 65 Surcharge - late filing fee or oath			
Name Charge Any Additional Fee Required	127 50 227 25 Surcharge - late provisional filing fee or cover sheet			
☐ Under 37 CFR 1 16 and 1.17 Applicant claims small entity status	139 130 139 130 Non-English specification			
Applicant claims small entity status See 37 CFR 1 27	147 2,520 147 2,520 For filing a request for ex parte reexamination			
2. X Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to			
Check Credit card Money Other	Examiner action			
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action			
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month	-		
Large Entity Small Entity	116 390 216 195 Extension for reply within second month			
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445 Extension for reply within third month			
101 710 201 355 Utility filing fee	118 1,390 218 695 Extension for reply within fourth month			
106 320 206 160 Design filing fee	128 1,890 228 945 Extension for reply within fifth month			
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal			
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal			
114 150 214 75 Provisional filing fee 75.00	121 270 221 135 Request for oral hearing			
0.1770701 (1) (10) 75 00	138 1,510 138 1,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 75.00	140 110 240 55 Petition to revive - unavoidable			
2. EXTRA CLAIM FEES Fee from	141 1,240 241 620 Petition to revive - unintentional			
Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)			
Total Claims20** = X =	143 440 243 220 Design issue fee			
Independent - 3** = X = =	144 600 244 300 Plant issue fee			
Multiple Dependent	122 130 122 130 Petitions to the Commissioner			
	123 50 123 50 Processing fee under 37 CFR 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt	_		
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)			
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection			
104 270 204 135 Multiple dependent claim, if not paid	(37 ČFR § 1.129(a))			
109 80 209 40 ** Reissue independent claims over origınal patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1 129(b))			
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examınatıon (RCE)			
and over original patent	169 900 169 900 Request for expedited examination of a design application			
SUBTOTAL (2) (\$) 0.00	Other fee (specify)			
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.0	0		

SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	Rolf Wolters	Registration No (Attorney/Agent)	Telephone	
Signature	Nel Metter		Date 3/8/	01

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